

AMENDED IN ASSEMBLY AUGUST 8, 2008

AMENDED IN SENATE MAY 20, 2008

SENATE BILL

No. 1151

Introduced by Senator Perata

February 6, 2008

An act to add Section 6403.5 to the Labor Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 1151, as amended, Perata. Hospitals: lift teams.

Existing law regulates the operation of health facilities, including hospitals. The California Occupational Safety and Health Act of 1973 establishes certain safety and other responsibilities of employers and employees, including the requirement that employers provide safety devices or safeguards reasonably necessary to render employment safe.

This bill would require a general acute care hospital, as defined, to establish a patient protection and health care worker back injury prevention plan. The bill would require the hospital to conduct a needs assessment to identify patients needing lift teams, and lift, repositioning, or transfer devices.

The bill would require a general acute care hospital to use lift teams; ~~and or~~ lift, repositioning, and transfer devices; *when there is a risk of injury to a patient or a health care worker, except in emergency situations* ~~and to train health care workers on the appropriate use of lift, repositioning, and transfer devices~~. The bill would require *a general acute care hospital to train health care workers on the appropriate use of lift, repositioning, and transfer devices* and require a lift team member to receive specialized training and to demonstrate proficiency in safe

techniques for lifting, repositioning, or transferring patients and the appropriate use of lifting or transferring devices and equipment.

The bill would provide that a health care worker who refuses to lift a patient could be disciplined only if the worker has been trained on appropriate patient and equipment lifting procedures and has appropriate and functional lift, repositioning, or transfer devices available to perform the requested lift, repositioning, or transfer.

The bill would become operative on July 1, 2009.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known and may be cited as the
2 Hospital Patient and Health Care Worker Injury Protection Act.

3 SEC. 2. The Legislature finds and declares the following:

4 (a) Health care workers, 95 percent of whom are women, lead
5 the nation in work-related musculoskeletal disorders (MSDs). In
6 1999, the United States Bureau of Labor Statistics (BLS) identified
7 “health care patient” as the source of 59,002 MSDs. In 2000, BLS
8 data showed that certified nurse assistants, registered nurses, and
9 licensed practical nurses together suffered 62,332 MSDs—17,005
10 more than truck drivers, who were listed as number one with
11 45,327 MSDs. Health care workers’ injuries equaled 138 percent
12 of those of truck drivers, above “first place” for work-related
13 MSDs.

14 (b) 2006 BLS data shows California now leading the nation in
15 the number of MSDs suffered by its workers. California’s nursing
16 workforce is aging at the same time patient acuity and obesity is
17 rising. It is imperative that we protect our registered nurses and
18 other health care workers from injury, and provide patients with
19 safe and appropriate care. At a cost of between forty thousand
20 dollars (\$40,000) and sixty thousand dollars (\$60,000) to train and
21 orient each new nurse, preventing turnover from injuries will save
22 hospitals money.

23 SEC. 3. Section 6403.5 is added to the Labor Code, to read:

24 6403.5. (a) For the purposes of this section, the following
25 terms have the following meanings:

26 (1) “Lift, reposition, and transfer needs assessment” means a
27 system whereby patients are identified based on the potential risk

1 of injury to the patient or to the health care worker in the event
2 that the patient requires a lift, repositioning, or transfer, consistent
3 with the professional judgment and clinical assessment of the
4 registered nurse.

5 (2) “Lift team” means hospital employees specially trained to
6 handle patient lifts, repositionings, and transfers using patient
7 transfer, repositioning, or lifting devices as appropriate for the
8 specific patient based on the individual hospital’s own needs
9 assessment.

10 (3) “Safe patient handling policy,” sometimes referred to as
11 “zero lift,” is a term of art recognized internationally to mean
12 replacing unassisted manual lifting, repositioning, and transferring
13 of patients with the use of patient lift, repositioning, or transfer
14 devices, and lift teams. A safe patient handling policy does not
15 require the use of patient lift, repositioning, or transfer devices if
16 the individual hospital’s own needs assessment indicates that it is
17 safe for the patient and the employee to utilize techniques not
18 requiring the use of those devices.

19 (b) As a part of the injury and illness prevention programs
20 required by this chapter, each general acute care hospital, as defined
21 in subdivision (a) of Section 1250 of the Health and Safety Code,
22 shall adopt a patient protection and health care worker back and
23 musculoskeletal injury prevention plan. The plan shall include a
24 safe patient handling policy component reflected in professional
25 occupational safety guidelines for the protection of patients and
26 health care workers in health care facilities.

27 (c) (1) Each general acute care hospital shall develop its own
28 individual lift, repositioning, and transfer needs assessment to
29 determine if a patient requires the use of a lift team or specialized
30 equipment for patient lifts, repositionings, and transfers. ~~Patients~~

31 (2) *Patients* identified as being at risk of injury due to a lift,
32 repositioning, or transfer, as well as patient lifts, repositionings,
33 or transfers identified, using the individual hospital’s own needs
34 assessment, as having potential for placing health care workers at
35 risk of being injured while lifting, repositioning, or transferring a
36 patient, shall, *except in emergency situations*, require a lift team
37 or specialized equipment to lift, reposition, or transfer the patient.

38 ~~For~~

39 (3) *For* patients not at risk for injury due to a lift, repositioning,
40 or transfer, and patient lifts, repositionings, or transfers identified,

1 using the individual hospital's own needs assessment, as having
2 little or no potential for placing health care workers at risk of being
3 injured, a lift team or specialized equipment to lift, reposition, or
4 transfer the patient shall not be required. ~~Lift~~

5 (4) *Lift* team members may perform other duties as assigned
6 during their shift.

7 (d) Each general acute care hospital shall provide training to
8 health care workers on the appropriate use of lift, repositioning,
9 and transfer devices. Training for these health care workers shall
10 include body mechanics and the use of lift, repositioning, and
11 transfer devices to safely handle patients.

12 (e) Lift team members shall receive specialized training and
13 shall demonstrate proficiency in safe techniques for lift,
14 repositioning, and transferring patients and the appropriate use of
15 lift, repositioning, or transfer devices.

16 ~~(f) Except in emergency situations or where specifically~~
17 ~~contraindicated by a patient's condition or medical status, lift teams~~
18 ~~shall utilize lift, repositioning, and transfer devices when lifting,~~
19 ~~repositioning, or transferring patients.~~

20 ~~(g)~~
21 (f) A health care worker who refuses to lift, reposition, or
22 transfer a patient due to concerns about patient and worker safety
23 and the lack of trained lift team personnel or equipment shall not,
24 based upon the refusal, be the subject of disciplinary action by the
25 hospital or any of its managers or employees.

26 ~~(h)~~
27 (g) Notwithstanding subdivision ~~(g)~~ (f), a hospital, its managers,
28 or its employees may discipline a health care worker who refuses
29 to lift, reposition, or transfer a patient if the health care worker has
30 been trained on appropriate patient and equipment lifting
31 procedures and has appropriate and functional devices and
32 equipment available to perform the requested lift, reposition, or
33 transfer.

34 SEC. 4. This act shall become operative on July 1, 2009.